# CITY OF HARRISONBURG

# 2016-2017 CIVIC AND COMMUNITY ORGANIZATIONS

# **FUNDING APPLICATION PACKET**

APPLICATIONS DUE BY Friday, January 29, 2016 5:00 P.M.

AT

Office of City Manager 409 South Main Street Harrisonburg, Virginia 22801 Phone: (540) 432-7701 Fax: (540) 432-7778

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#### GENERAL APPLICATION INFORMATION

- 1. This application should be used by any non-city organization or agency requesting funding from the city's General Fund budget. Due to the current budget crisis being experienced throughout all levels of government, and due to the city's limited financial resources (particularly given the state budget situation), the efficient use of taxpayer dollars is an essential part of local budget preparation. The purpose of this application is to assist the city in determining the most effective use of city funds.
- 2. Applications are due in the Office of the City Manager, City Hall, 3<sup>rd</sup> Floor, 409 South Main Street, Harrisonburg, Virginia 22801, by 5:00 P.M. Friday, January 29, 2016. *This is not a postmark deadline. If sending application via U.S. Mail, please allow sufficient time for delivery to ensure that applications are RECEIVED by the deadline.*
- 3. **Private individuals are not eligible to submit project applications**. Projects must benefit a group of people and be administered by an agency, organization, or business (i.e., a legal entity).
- 4. The application must stand alone and will serve as the primary vehicle for applicants to provide information on their request. However, applicants may also be asked to submit additional information. Note: An appropriation of funds in one fiscal year does imply a commitment by the City to provide funds in subsequent years.
- 5. It is advisable for your requests to be no greater than the amount you requested from the city for the current budget year, if applicable.
- 6. Leveraging of funds is an important consideration to the city in reviewing funding requests. While pleased to contribute toward meritorious activities, the city prefers to invest where other funding entities also contribute substantially to the cost.
- 7. <u>Funding disbursements will be made on a quarterly basis</u>. The quarterly disbursements will be disbursed after notification from the agency is received by e-mail, letter, or fax. The city reserves the right to adjust the quarterly payments should state or local budgetary circumstances so require.
- 8. Submit **one** (1) **original copy** of the application. Note: All attachments to the application must be included in the original and all copies. You may send your application electronically in pdf format to <a href="mailto:kurt.hodgen@harrisonburgva.gov">kurt.hodgen@harrisonburgva.gov</a>, regular mail, or hand delivery.
- 9. The application package must include the following:
  - (1) Completed application form
  - (2) IRS 501 (C) Tax Exemption Determination Letter, if applicable
  - (3) Current List of the Organization's Board of Directors (if applicable) Indicating their addresses, telephone numbers, and terms of appointment
  - (4) Organization's Most Recent Audit/Financial Statement
  - (5) **Evidence of Insurance** (Listing of policies by type and coverage amount, indicating policy end dates, or copies of certificates of insurance.)
  - (6) State Corporation Commission Certificate and Evidence of Current Renewal (if applicable)
  - (7) **IRS Form 990**

## City of Harrisonburg Funding Application Form For Fiscal Year July 2016-June 2017

Name of Applicant:	
<b>Applicant Contact Information:</b>	
Project Manager	Email
Phone Number	Fax Number
Mailing Address:	
Physical Address (if different than mailing a	address):
<b>Amount of City Funds Requested:</b>	\$
Total Annual Operating Budget:	\$
<b>Description of Activity</b> : (Attach additional	l nages if necessary)
Description of Activity. (Attach additional	in pages in necessary)
Evulain why financial aggistance from th	a City is managemy to mustide these services.
Explain why linancial assistance from th	e City is necessary to provide these services:

Explain the effect upon these services if the City does not fund your request or if the award is less than requested:  How does this program create a unique and valuable impact in our City?  Signature: Applicant Authorized Representative  Date	
Explain the effect upon these services if the City does not fund your request or if the award is less than requested:  How does this program create a unique and valuable impact in our City?	List other funding sources that are being sought along with this request for City funding:
How does this program create a unique and valuable impact in our City?	
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Signature: Applicant Authorized Representative Date	How does this program create a unique and valuable impact in our City?
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## SAMPLE BUDGET

Revenue (List all Project Funding Sources, with HUD first)	Amount	Status Received, applied for, etc.	Anticipated Notificatio Date
City General Funds	\$12,000	Applied for	7/1/13
Donations/Fund raising	\$5,000	Applied for	6/1/13
United Way Grant	\$7,000	Received	N/A
Fees for service	\$21,250	Ongoing	7/1/13
Total	\$45,250		

Expenses (list)	Total	City Funds	Other Funds
Staff Wages	\$20,000		\$20,000
Staff Benefits	5,000		5,000
Staff Travel	1,500		1,500
Telephone	2,500		2,500
Copying	750		750
Training Supplies	9,500	6,000	3,000
Bus Passes	1,000	1,000	
Child Care	5,000	5,000	
Total	\$45,250	\$12,000	\$33,250

### **BUDGET FORM**

Revenue (List all Project Funding Sources)	Amount	Status Received, applied for, etc.	Anticipated Notification Date
Total			

Expenses (list)	Total	City Funds	Other Funds
Total			